



E.B. Horsman & Son
The Electrical Distributor of Choice!

ALBRITE
Smarter Light in Every Space
 A division of E.B. Horsman & Son

**BEST
MANAGED
COMPANIES**
 Platinum member



Mailing Address: 19295 25 Ave., Surrey, BC V3Z 3X1
 Phone: 778.545.9916 Toll Free: 888.467.7626

ar@ebhorsman.com
 Fax: 778.545.3099

ebhorsman.com
 albritelighting.com

CREDIT CARD PURCHASES

E.B. Horsman's Corporate Visa/MasterCard contracts do not permit the acceptance of telephone transactions wherein the card-holder will not be presenting the card to E.B. Horsman or Albrite Lighting at the time of purchasing goods.

In order to address some of the concerns raised by our customers, E.B. Horsman's credit department has endorsed the following policies and we would appreciate you indicating the option which will be used by your company and returning the completed form to us so that we can advise our staff.

- ☐ Our company requires purchasing employees to present a valid charge card at the time of purchase and requires the purchasing employees to sign the transaction receipt for the goods obtained.
- ☐ Our company authorizes E.B. Horsman to accept, as a valid method of payment, our corporate charge card account as indicated on the purchase order issued by us. We do not require our employees signature on the transaction receipt to validate the purchase. We acknowledge that we also have an E.B. Horsman charge account in good standing.
- ☐ I desire to obtain goods using telephone authorization only and to meet E.B. Horsman's credit policy. I will fax to E.B. Horsman's credit department at (778) 545-3099 or email AR@ebhorsman.com the valid charge card details and authorized signature along with a valid purchase order for the goods desired. The credit department, after approval, will forward the order to the desired location for shipment. I understand that my Visa/MasterCard details will be entered for validation and authorization prior to shipment. I also understand that any in person purchases will require that my card is inputted to the Chip POS machine with PIN number.

Credit Card # _____

Expiry Date: _____

CVV# _____ Visa or MasterCard

Company Name: _____

Title: _____

Date: _____

Telephone #: _____

Signature: _____

Print Name: _____

**PLEASE COMPLETE AND RETURN BY FAX TO 778-545-3099
 OR EMAIL AR@EBHORSMAN.COM**

- ☐ Attached copy of drivers license, front and back
- ☐ Attached copy of credit card, front and back

Branch Use

Order Taker: _____

Branch: _____